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CONFIRMATION NO. 1087

<b>SERIAL NUMBER</b> 10/693,577	<b>FILING OR 371(c) DATE</b> 10/23/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> PARCR 65971
<b>APPLICANTS</b> Lilip Lau, Sunnyvale, CA; Bill Hartigan, Fremont, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/952,116 09/10/2001 PAT 6,663,558 which is a CON of 09/634,043 08/08/2000 PAT 6,702,732 which claims benefit of 60/188,282 03/10/2000 <i>las</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none las</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>las</i> <i>las</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 24201				
<b>TITLE</b> SELF-SIZING CARDIAC HARNESS FOR TREATING CONGESTIVE HEART FAILURE				
<b>FILING FEE RECEIVED</b> 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	